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ORIGINAL COMMUNICATIONS.

ARTICLE I.

REPORT OF A CASE OF DEFORMITY FROM FRACTURE, SUCCESSFULLY TREATED BY A NEW METHOD.*

(ADDRESSED TO THE SOCIETY OF SURGERY OF PARIS.)

BY DANIEL BRAINARD, M. D., CORRESPONDING MEMBER.

During the course of the year 1853, the author of this report published, at Paris, a *Memoire sur le traitement des fractures non reunies et des difformites des os*, in which was proposed a new method of treatment for certain of these deformities, such, for example, as irregularity of bones resulting from badly treated fractures. The method of treatment proposed consisted in weakening the bone by sub-cutaneous perforation, and causing it to soften by the inflammation thus excited, and then straighten-

* This Report was presented and read to the Society of Surgery, at one of its sittings, in October, 1858, by Baron Larrey, for the author. It was ordered to be inserted entire in the bulletins, and was printed in the *Gazette des Hopitaux*.

ing it by pressure applied gradually or suddenly by the hands. The facts adduced in that *Memoire* in favor of this method of treatment were the results of experiments on the bones of living animals, principally dogs, and some figures were given of bones bent and partially fractured by such treatment.

I had not, however, at that time had occasion to apply the treatment on the human subject; nor, until recently, has an opportunity for so doing presented. The case herein reported is the first and, at the present time, the only one in which the application of the method has been deemed advisable.

CASE.—May 15th, 1858, a stout boy, named John O'Connor, aged three years, was brought to me for treatment on account of a deformity of the left leg.

History.—When but three months old, this boy received a severe fall from the arms of his mother, by which the bones of the leg were fractured. As the child was too young to walk, and the parents were extremely ignorant, little attention was paid to the injury, and no treatment was made use of. It was only when he grew older and attempted to walk that the extent of the deformity became apparent.

(Fig. 1.)

Present State.—The left leg is three inches shorter than the other, and presents an angularity forwards a little below the middle. When the child walks, the lower part of the tibia rests upon the dorsum of the foot. There is no swelling or tenderness at the point of fracture. (The appearance of the member at this time is perfectly represented by the photographic figure marked 1.)

Operation.—The child having been placed under the influence of chloroform, a perforator, one-fourth of an inch in breadth, was passed in two different directions through the tibia at the point of fracture, but a single puncture being made through the skin. (Fig. 3 represents the form and is half the size of the

(Fig. 3.)

instrument employed.) After the perforator was withdrawn, a piece of adhesive plaster was placed upon the puncture through the skin, and a light bandage placed around the member. The leg lying at the time upon a firm bed, I attempted to rupture the callus with my hands, by throwing nearly the whole weight of my body upon it. It did not, however, yield in the slightest degree, and not thinking it safe to use more force I desisted, and ordered the bandages to be kept wet with cold water.

The inflammation which followed this operation, and the efforts to straighten the member, was considerable, and an erysipelatous redness extended from the ankle to the knee, which lasted more than a week. There was no suppuration, and by rest and the use of evaporating lotions, this was dissipated; and at the end of ten days, viz: on the 25th May, 1858, another attempt to straighten the leg was made.

Although hoping for a favorable change, I was somewhat surprised to find that a very moderate degree of force, applied by the hands, was sufficient to cause the callus to give. A carved wooden splint, well padded, with a foot piece, was now placed behind the leg, and secured to it by a roller drawn across the angular projection as tightly as could be borne. This giving rise to no pain, the bandage was re-applied, every

three days at first, afterwards once a week, for four weeks, at the end of which time the leg was quite straight, except a slight overlapping of the fragments. During this part of the treatment, the boy walked about with the splint on his leg and suffered no pain. The parents were directed to press upon the projection daily with the hands.

At the present time, August 25th, more than three months after the operation, the leg presents the appearance represented in the photographic figure marked 2. The splints have been discontinued; there is no swelling nor tenderness of the part; the boy walks well, and the cure seems complete.

(Fig. 2.)

The means hitherto resorted to for the cure of deformities, such as that presented in the above case, are section or resection of the callus, and extension, sudden or gradual. It is not my intention to offer any reflections upon the value of these methods; but it may safely be asserted that they are all severe, and attended with danger, excepting the last, which is insufficient in all except recent cases.

The method which I have proposed, and of the successful application of which the above case is an example, is founded upon the fact, well known at present, that bone is softened by inflammation. In the *Memoire* to which I have referred, I have attempted to show that by perforation and the inflammation thence resulting, bones may be so much weakened as to be bent and partially broken like stems of green wood with the appli-

cation of but little force. This case shows that the same is true in a more marked degree of callus.

Surgeons have long felt the want of a means to soften deformed callus. The use of fomentations, baths, frictions, applications of oil, etc., are sufficient proofs of this fact.

M. Malgaigne, in his classical work on fractures (page 333), says, an important question to be solved is to know if our art possesses any means for softening callus, so as to cause it to yield more easily; and after referring to the means above enumerated, and others, he concludes that none of them are deserving of confidence. It is this want which I hope to supply by the introduction of a new method of treatment.

In conclusion, permit me to add that I do not advise the resort to this method in every case. The age and good health of this patient, the superficial situation of the tibia (the only bone operated on), are all circumstances favorable to success; still, I am not without the hope that it will be found applicable in a considerable variety of cases hitherto regarded as incurable, or in which more severe operations are regarded as necessary.

CHICAGO, August, 1858.

REMARKS ON THE MEANS HERETOFORE EMPLOYED FOR REMEDYING THE DEFORMITY RESULTING FROM FRACTURE.

It may interest many of the readers of the *Journal* to present, in a concise form, a view of the principal means hitherto invented for the remedy of these deformities. They are—

I. MECHANICAL FORCE GRADUALLY APPLIED.

This may be done by simple extension, when union has taken place with the bones, in a straight direction. Although this has been recommended, and is still enumerated among the means to be tried, it is evident that it can only be applicable where the union is still soft. Lateral compression may be resorted to in angular deformities with better chances of succeeding, since the fragments can, to a certain degree, be employed as levers. This method is applicable for four or six weeks after the union has seemed firm, and in some cases longer still. Various mechanical contrivances have been resorted to in these cases, but they have not been found generally useful.

II. Section or Resection of the Callus.

This consists in cutting down upon the callus and dividing it with a saw or chisel, or in sawing out a wedge-shaped piece, as has been recommended by Barton in certain forms of anchylosis. In many cases of firmly consolidated fractures this is the only recourse except amputation. Were I to meet with a case in which the callus could not be divided with the instrument I have described by the sub-cutaneous method (and I think there may be many where only a smaller one could be made to perforate perfectly formed callus), I should have the shaft of it made sufficiently strong to be used as a chisel, and after placing the point of it in contact with the callus, strike it with a mallet until the perforation is accomplished. Resection or section, unless by the sub-cutaneous method, is a severe operation—converts a simple or united into a compound fracture. The dangers of such a proceeding it is desirable to avoid.

III. Forcible Rupture.

Where a bone has united in an unfavorable position, and this is discovered before the callus has become too firm to be broken by the hands of the surgeon, the best way of proceeding is to put the patient under the influence of chloroform, rupture the callus, re-adjust and dress the fracture. I have succeeded perfectly by this method in two cases brought to me in a bad condition, and have met with another where the patient made a false step in walking, fell and re-fractured the leg. A re-adjustment remedied the deformity which existed previously to the second fracture.

IV. The Seton.

Weinhold, in a case of deformity after fracture of the femur, drilled a hole through the callus and inserted a seton. About the seventh week the callus began to yield, and the limb was made good by extension.* The use of the seton for this purpose is founded upon physiological principles perfectly correct. My experiments have proved that foreign bodies of every kind left in contact with bones cause absorption, particularly if the body be not metallic, and causes suppuration. It is well known that

* Malgaigne's Operative Surgery, p. 188.

fragments of bone in comminuted fracture prevent union from taking place. The justice of Dr. Weinhold's views in this particular is the more remarkable when contrasted with those of so many eminent surgeons, who have recommended not only setons, but pegs of ivory, etc., to be placed and kept between the fragments of fractured bone for the purpose of obtaining union.

ARTICLE II.

CEPHALIC VERSION.

BY J. H. BROWER, M.D., OF LAWRENCEBURGH, IND.

At one of the annual meetings of the Ohio State Medical Society, I had the pleasure to listen to the reading of a prize essay upon "Difficult Labors, and their mode of treatment," by Prof. M. B. Wright, of Cincinnati, which, for justness and originality of views, and correct modes of treatment, is, in my opinion, entitled to the favorable notice of the profession, and places its author in an exalted position, as a close and accurate thinker and distinguished obstetrician. The subject of shoulder presentation formed the theme of the essay, and I propose to give a condensed *resume* of the most prominent and interesting points discussed in it.

Although presentation of the right or left shoulder of the fœtus at the brim of the pelvis is of comparatively rare occurrence, yet most obstetricians of extended practice have occasionally met with instances of it; and as the motto of every accomplished accoucheur should be "semper paratus," their comparative infrequency affords no justification for the plea of ignorance, or want of tact and adroitness in the necessary manipulations. Distinguished obstetricians, of high authority with the profession, have differed widely in their views and advice, as to the best mode of treatment of such presentations. Denman, among the most reliable, strongly avers, that as nature is adequate to the accomplishment of her own wise designs, they may be left with safety to the spontaneous action of the uterus, which, by its alternate contractions, causes the

shoulder presenting to be moved from its position until the head or breech occupied its place, and become the fixed presentation. That this "spontaneous evolution of the fœtus," so called by Denman, may and has occurred, is not doubted; but we opine, that in the present state of our knowledge, no conscientious or competent physician will calmly stand idle and witness the prolonged agonies and protracted sufferings of a patient, during spontaneous expulsion at the full term of gestation.

Dr. Douglas, of Dublin, the accuracy of whose views has been acknowledged by more recent writers, gives a different explanation of the manner in which spontaneous delivery is accomplished in shoulder presentations — which is beyond doubt more correct, to which the expression, "*spontaneous expulsion*," may be more correctly applied.

Dr. Churchill says, "the head and the shoulder depressed in the pelvis are fixed, and the remainder of the body, doubled up, is inch by inch forced into the pelvis and through the external parts, until all below the arm is expelled, leaving the case to terminate as a breach or foot presentation." At no part of the process is the arm at all retracted, but if moved at all, it is still farther protruded. A labor of this description requires unparalleled voluntary efforts, and necessarily involves extreme suffering of body and mind, and extreme danger during or soon after delivery, or incurable injury and ruined general health. The practical question is, shall the physician stand idle and hope for delivery by the intense and protracted suffering of his patient by either of these modes of *spontaneous evolution* or *spontaneous expulsion*, or by a recourse to a more humane and scientific procedure, accomplish a delivery, "cito, tute, et jucunde?"

Among American authorities, Dr. Dewees, after admitting that spontaneous evolution has never occurred in his practice, says, "I should therefore recommend waiting for this spontaneous evolution, whenever turning (podalic version) forbade the hope of saving the child, provided the labor be not complicated by some accidental circumstances, such as flooding, convulsions, syncope," etc. He quotes Dr. Merriman as saying, "the occurrence of the spontaneous evolution has been comparatively so rare

that no man would be justifiable in simply relying upon it. The knowledge that it has sometimes happened may, indeed, under some circumstances of extreme resistance to the passage of the hand into the uterus, reconcile us to the delay which I have recommended, but we should never allow it to operate upon our minds so as to induce us to neglect the proper means and proper time of turning, when we have it in our power. It is the duty of the accoucheur on all occasions to give nature every possible opportunity of exerting herself for the relief of the patient; but it is equally his duty, when nature becomes embarrassed and oppressed, to interpose the timely assistance of art, lest nature being compelled to relinquish the task, the patient shall fall a sacrifice to the delay."

Dr. Davis, in his Elements of Operative Midwifery, concludes some observations on this subject with the following words: "If, therefore, we suppose the child to be already dead, or the circumstances of the labor to be such as to make it impracticable to bring it into the world alive by means of turning (podalic version), or even to perform that operation at all without exposing the mother to extreme danger, it would then, in my opinion, be the unquestionable duty of the practitioner to effect the delivery by embryotomy." According to Velpeau, only twelve children were alive after spontaneous expulsion out of 187 labors.

From these extremely vague and even contradictory views of the proper management of shoulder presentations, it will be readily perceived how unsatisfactory are the authorities cited in deciding upon their relative merits. The questions now arise,—

1st. In what manner can a change of presentation be accomplished most easily and successfully?

2d. What mode of proceeding will prove most favorable for the mother?

3d. How may the life of the child be best preserved?

4th. Can any mode of delivery be relied on exclusively?

Two modes of delivery, besides those already alluded to, have been described by obstetrical writers, viz: *podalic version*, or turning by the feet, and *cephalic version*, or turning by the head. Strictly speaking, however, cephalic *version* is not performed, if version and turning are used as synonymous terms.

When to expedite labor we substitute the head for the shoulder, we simply remove one part that the other may occupy its place. Dr. Dewees, and Prof. Bedford in his translation of Dr. Chailly's Treatise on Midwifery, are silent upon the subject of cephalic version in shoulder presentations. Prof. Meigs remarks, "It may be that those old practitioners of the days of Queen Elizabeth may have sometimes succeeded by pushing up the presenting shoulder in getting the head at last to come to the strait again, but such an event in any case appears to me most improbable." Prof. Heuston says, "The practitioner will experience great difficulty, and most likely fail, in attempting to bring down the head in a favorable position when the shoulder presents. I am satisfied, from considerable experience, that when the arm, shoulder, breast, back, or side is the presenting part, it is better to bring down the feet at once while the condition of the uterus is favorable for turning, than to waste time in attempting to restore the head." Prof. Miller uses the following language: "Cephalic version has but few advocates at the present day, and is confessedly applicable to such a limited number of cases that it is scarcely worthy of our formal consideration. For this reason, and because I have no experience of it, I shall confine my observations to podalic version. Again, it is manifest, that all attempts forcibly to pass the hand between a powerfully contracted uterus and the fœtus must be extremely painful, and may cause fatal rupture of the organ. The only resort is mutilation of the child, either by eviscerating its trunk, to enable the operator to extract it doubled upon itself, in imitation of the natural process of duplication, or by duplicating it in order that the body and head may be separately extracted." Dr. Churchill says, "Should version by the feet be impracticable, we must open the chest of the child and eviscerate, after which it may be extracted by the crotchet." Dr. Ramsbotham claims that of the three modes of treatment, that of raising the shoulder and bringing down the head would be the safest for the child, because there would then be little chance of pressure on the funis." The opinions of Velpeau are thus expressed: "Cephalic version may be attempted,—1st, in a well-formed pelvis, where no other accident has happened except a vicious position of the

fœtus, and the head is found in an inclined position in the vicinity of the strait; 2d, in presentations of the shoulder, back, or anterior part of the thorax, *provided the arm is not prolapsed*, and the uterus not too much contracted; lastly, it seems proper to try it whenever the feet are further removed from the strait than the head is, and where it is probable the labor would terminate spontaneously if the head were at the strait." Chailly admits that delivery by cephalic version "will be as happy for the infant and mother as if the vertex had originally presented," but advises it only before the rupture of the membranes.

After this hasty outline of the views entertained by several reliable authorities, Dr. Wright proceeds to detail his own treatment of several cases of shoulder presentation, five in number, in all of which the membranes had been ruptured, and in which delivery was speedily effected by cephalic version, with entire safety to the mothers and life to two of the five children. Dr. W.'s mode of manipulation was as follows: the patient being on her back across the bed in the usual position for turning, the prolapsed arm when descended having been returned by introducing the right hand, the shoulder and thorax were grasped and the body thus pushed upwards, and laterally, by which manœuvre, the head was brought near the axis of the pelvis; he then relinquished his hold of the body, and grasping the occiput, brought it down so as enable the head to engage.

The result of five cases of shoulder presentations which have come under my own notice in an extended obstetric practice of thirty-five years, fully confirms the views of Prof. Wright. In one which occurred at an early period of my practice, instructed by the precepts of Denman and Francis, the case was left to the hazards of spontaneous evolution; the fœtus was, indeed, at length involved, but at the expense of such prolonged and agonizing torture, and such utter ruin of health of the mother, as to impress me most strongly with the truth that although *a meddlesome midwifery is bad*, yet that tardy and irresolute action is often followed by a greater amount of evil. In the second case, the presentation was distinctly made out immediately upon the rupture of the membranes, and I determined at once to attempt to bring down the feet and thus effect

the delivery. By the aid of bleeding, opium and tart. antim., this was effected, though with great difficulty and at the expense of the life of the child, which was destroyed by pressure upon the funis during the descent of the head. Two years subsequent to this, the same lady demanded my services, having had strong pains for two or three hours prior to my arrival. I found the left arm projecting from the vagina, the water escaped, and the os uteri fully dilated. Having in the interim become acquainted with Velpeau's opinions, I determined to attempt cephalic version, and after returning the prolapsed arm by bending the forearm until the hand was directed to the upper part of the vagina, and then pushed up until it ascended above the brim of the pelvis, the head was found resting on the right side of the pelvis, with the occiput in front and the face toward the promonotory of the sacrum; by steadily applying gentle force to the shoulder, laterally and upwards, during the intervals of expulsive effort, the body was moved until the breech had ascended to the fundus of the uterus, the face and vertex gradually descending until it became the presenting part. As, during the absence of uterine contraction, the vertex seemed disposed to return to its original malposition. I gave infus. ergot so as to induce its peculiar action in keeping up continuous contractile effort, by which means the labor soon completed with safety to both mother and child. In the third and fifth cases, in which I was concerned in consultation, laceration and rupture of the uterns resulted from imprudent attempts to bring down the feet, and the force employed in a fruitless effort to change the presentation. In the fourth case, under my own care, cephalic version was readily accomplished with the aid of the forceps, with no other accident save a slight laceration of the scalp, from peculiar difficulty in adjusting the blades of the instrument.

The results of these cases fully justifies us in declaring—

1st. That at an early period in labor, and especially if called before a rupture of the membranes, a shoulder *may* be converted into a vertex presentation more easily than turning by the feet is ordinarily performed.

2d. That although the membranes may have been long

ruptured, turning by the hand can be accomplished with great facility.

3d. That delivery by cephalic version may be speedily effected after repeated and ineffectual efforts have been made to turn by the feet.

4th. That cephalic version should receive a prominent, nay, leading place as a means of expediting delivery in shoulder presentations.

The second of the questions already proposed is, What mode of proceeding will prove most favorable to the mother?

Dr. Churchill observes: "From the distance the head has to traverse in podalic version, and the difficulty of seizing the feet and of turning the child in utero, there must ever be a fearful risk of injury to the mother." From Dr. Lee's tabular views, we find that out of seventy-one cases of shoulder presentations, in which turning of the feet was resorted to, seven died from rupture and three from inflammation of the uterus. In cephalic version, the hand does not enter the cavity of the uterus, and, consequently, neither its walls nor any portion of them are forcibly pushed out. The fœtus is moved comparatively little within the uterus, the head being already near the superior strait; while in podalic version the part to be first delivered is most remote from the canal through which it must pass. In the former, the injury to the mother cannot result without great awkwardness on the part of the obstetrician, while in the other we have reason to feel surprised at the escape of injury. In turning by the feet, the hand must necessarily be moved considerably within the uterus, and often while it is contracting violently. In turning by the head there is but little, if any, direct contact of the hand within the uterus. In the one case, contusion of the uterus by the hand is to be expected; in the other there is no injury because there is no contact. Turning by the feet may occasion a severe nervous shock; not so in changing the shoulder for the head.

How may the life of the child be best preserved? is the third question to be answered.

The mortality in shoulder presentations is, doubtless, greater than in turning by the feet in all cases, which Churchill states

as one in three. A timely resort to cephalic version gives to the fœtus almost as much certainty of life as if the presentation had been originally in the head, for the manœuvre amounts to but little more than in rectifying deviated head positions. In 1826, Bush gave an account of fifteen cases, in which fourteen were born living. In 1827, Ritgen collected forty-five successful cases. Rucke has had sixteen cases. Prof. Wright says, "In all the cases treated by myself, from the beginning, the children were born alive. The liability to compression of the chord and consequent death of the fœtus is in proportion to the length of the labor, or rather to the descent of the fœtus in the cavity of the pelvis. Hence, to be wholly successful, cephalic version should be performed a short time before or soon after the commencement of the second stage of labor."

Can any one mode of treating shoulder presentations be relied on exclusively?

The answer must be in the negative. Cazeaux says, "At the present day it would be improper to embrace either opinion exclusively, for some cases are better suited to the cephalic version, while there are others, on the contrary, where the pelvic one is alone practicable; consequently, both operations should be retained in practice, leaving the judgment of the accoucheur to determine the cases where the one or the other ought to be preferred." In cases of inefficient uterine action, or in exhaustion from long continued labor, in hemorrhage, convulsions, or in any case in which there may be a demand for speedy delivery, turning by the feet is to be preferred. In all cases where difficulty arises from malposition alone, or in convulsions, hemorrhage, or in prolapsus of the funis, if the uterus should be engaged in vigorous expulsive efforts, turning by the head should be selected.

Prof. Wright's manner of performing cephalic version is as follows: The patient having been placed upon her back across the bed, and with her hips near its edge—supposing the presentation to be the right shoulder, with the head in the left iliac fossa, the right hand to have been introduced into the vagina, and the arm, if prolapsed, having been placed as near as may be in its original position across the breast—the fingers are

applied upon the top of a shoulder and the thumb in the opposite axilla, or on such part as will give us command of the chest, and enable us to apply a degree of lateral force. The left hand is also applied to the abdomen of the patient, over the breech of the fœtus. Lateral pressure is made upon the shoulders in such a way as to give to the body of the fœtus a curvilinear movement. At the same time, the left hand, applied as above, makes pressure so as to dislodge the breech, as it were, and move it towards the centre of the uterine cavity. The body is thus made to assume its original bent position, the points of contact with the uterus are loosened, and perhaps diminished, and the force of adhesion is in a good degree overcome. Without any direct action upon the head, it gradually approaches the superior strait, falls into the opening, and will, in all probability, adjust itself as a favorable vertex presentation. If not, the head may be acted upon as in deviated positions of the vertex, or it may be grasped, brought into the strait, and placed in correspondence with one of the oblique diameters.

It will be observed that the shoulders are not acted upon by raising them. Perhaps a slight elevation would facilitate the movement already described, or it might be better to depress them, and again, by lateral pressure, without either elevation or depression, our object might be accomplished. Pushing up the shoulders, then, does not constitute a prominent part of turning, if by pushing up is meant the mere raising the shoulders above the brim of the pelvis. The entire process of cephalic version is to be adopted in the absence of uterine contraction, or rather during the intervals of expulsive force, and as it is now a vertex presentation, we must be governed as to the manner and time of delivery by those general rules applicable to such cases.

Prof. Wright, in conclusion, remarks: "If our mode of performing cephalic version is sufficiently clear in the description already given, it will be readily distinguished from others. We claim for it great importance on the ground that it is easily executed, that the mother and fœtus receive no injury, that there is little or no danger of subsequent displacement after the vertex has been fully adjusted, that although it is most successful in recent cases, delivery may be accomplished after the membranes have been long ruptured, that it may be executed after ineffectual efforts to bring down the feet."

ARTICLE III.

HYPERTROPHY AND DILATATION OF THE HEART, WITH HYDRO-PERICARDIUM.

BY B. WOODWARD, M.D., GALESBURG, ILL.

Was called, June 30th, 1858, to see Mr. Wichstrom, a Swede, aged thirty-two. Has been out of health for more than a year, and since last December has not been able to work at his trade (shoemaker) much of the time; has been confined to his bed a week, but has had no treatment. Has suffered from palpitation of the heart for many years; was sick five years ago in Sweden; does not know what the doctors called his sickness, but had pain in his side and cough. Has had pain in his joints (rheumatism?) at various times, so that he could not work for weeks at a time. I found him with clean moist tongue; no heat of surface, but perspiring profusely; has no cough or expectoration, and no pain anywhere, but "cannot breathe;" pulse 160 per minute; respiration 55 per minute; character of pulse hard and jerking, showing labored action of the heart; respiration short, and the lungs do not inflate well, particularly the left; in breathing, the abdominal muscles are brought into active exercise; his face and lips have a peculiar livid and motled appearance; mind perfectly clear; percussion gives a clear resonance over the right upper part of thorax; on the left side, extending from the second rib to the lower part of the thorax, there was a perfectly dead sound like solid flesh; the heart's action was so violent that its impulse could be plainly seen at the distance of ten feet, and communicated to the muscles of the abdomen a distinct tremor; the sounds of the heart were quite audible two feet from the bed. The only position in which he could lie was on his back, with his head low. If he turned on his side there was a sense of suffocation, and if he sat up vomiting was induced. Either with or without the stethoscope it was impossible to make out the peculiar sounds of the heart, for it was nothing but a confused, tumultuous sound all over the præcordial region. I tried to find the bellows or blowing sound, but could not make it out. (I suspected valvular disease.) There was one peculiarity in

the sounds, and that was a flapping as though there were a loose valve flapping back and forth in the right ventricle. There was great enlargement of the præcordial region, giving the cartilages of the ribs a perceptible curve.

My diagnosis was hypertrophy of the heart and effusion of serum in the pericardium, and I thought also pleuritic adhesions on the left side.

As he and his friends wished to know what I thought of the case, I told them he could live but a short time. The only treatment I tried to institute was to control the heart's action, but in vain; nothing I could do seemed to have any effect. I could find no other evidence of disease than what I at first diagnosed. The rapidity of the heart's action and the difficulty of breathing increased until the morning of the 3d of July, when he died.

Our county society being in session on the 3d, I gave a history of the case and my diagnosis of it, and invited the members present to attend a post-mortem examination the next day.

July 4th, 8 *a.m.*—Made a post-mortem examination. Present, Drs. Taylor, Spaulding and McCady. The weather being extremely warm, and the body having been put in a coffin and fastened down, it was so very offensive that we carried the examination no further than the thorax. Turning back the flaps and sawing through the ribs three inches from their sternal attachments, we found the heart occupying the whole of the left side of the anterior regions, and three inches beyond the sternum on the right side. The pericardium contained thirty-two oz. of bloody serum. The heart, when divested of everything but its own substance and emptied of blood, weighed thirty-four oz. (two lbs. two oz.) The left lung was crowded to the back and compressed to less than one-half its normal size, completely hardened like firm liver, and closely adherent to the walls of the thorax—so much so that it had to be dissected off. The right lung was healthy but engorged.

Examination of the heart at my office.—Weight, 34 ounces; fatty degeneration to some extent; aorta enlarged; semi-lunar valves thickened and slightly ossified; left auricle enlarged and thickened; the valve normal; left ventricle enlarged and thick-

ened; the walls 1⅛ inches thick; ascending venæ cava enlarged; right auricle enlarged; valve normal; right ventricle enlarged, with a fibrinous mass 2 lines thick and 1½ inches long by ¾ inch broad, having slight attachments to the apex of the ventricle floating in its cavity. There were small fibrinous deposits adherent to the walls of the right auricle; these deposits looked and felt like plates of fibrin which had been washed out. The left ventricle would have contained a large goose egg. The notes of the dissection of the heart and its admeasurements were kindly taken by my friend, J. W. Spaulding, M.D.

There are several points of interest in the above case. Hope, Joy, and others, speak of hydro-pericardium without the co-existence of serous effusion into the cavity of the pleura or a general dropsical condition, as so rare an affection as to cast a doubt over those cases in which it has been said to exist. In the present case there can be no doubt on the subject, as the thorax was opened with great care, having this very point in view. *There was no serous effusion in the cavity of the chest*, and when the pericardium was opened it was done with a small puncture, and the serum carefully absorbed with a sponge and wrung out into a basin.

The position chosen by the patient is another point of interest. He could not sit up or lie on either side. In Dunglisson's *American Intelligencer* for 1842, p. 22, will be found an article from the pen of Dr. John Mackenzie, in which he states that "the recumbent position is often chosen by patients laboring under hydrops-pericardi, in order to relieve the diaphragm from the pressure which would otherwise be thrown upon it; while in hydro-thorax they *cannot* take this posture, for the water would be thrown back so as to press on the roots of the lungs and prevent the ingress of fresh air; that in hydro-pericardium this last condition cannot take place, the water being enclosed in a shut sack."

From the very imperfect history of the case which I was enabled to get, I was led to the belief that the disease of the heart was originally caused by rheumatism, and the extensive adhesions of the left lung had been caused either by pneumonia or pleurisy. The existence of the fibrinous flap (for I know not

what else to call it) in the right ventricle I cannot account for—I suppose it to be a species of polypus. The immense size and weight of the heart is a very curious circumstance. I have made a wet preparation of the heart and preserved it.

Perhaps it may be thought presumptuous in me to present the history of this case and the autopsy so soon after the case of Pus Blanchard's child. It is not from any mania for writing, but it seems to me that we have not autopsies enough. It is by post-mortem examinations that we either verify or disprove our diagnosis of cases. In either event we have pathology, and all correct practice must be based on pathology. By this we separate ourselves most effectually from quacks of all kinds—they never seek to have their cases submitted to the rigid test of morbid anatomy.

ARTICLE IV.

CASE OF INJURY OF THE BRAIN, WITH AN EXTENSIVE SCALP WOUND, AND FRACTURE OF THE SKULL.

BY W. T. SHERWOOD, M. D., OF EAST PAW PAW, ILLINOIS.

August 27th, 1858.—Called at 8 o'clock a.m. to see Hiram Hampton, aged 14, who, an hour before, had been thrown from one of the horses attached to a reaper. The horses had become frightened, and were running as rapidly as the heft of the machine and other encumbrances would permit. One of the guards or teeth of the machine struck his head at or near the junction of the lambdoidal and squamous sutures of the left side, producing an extensive fracture of the parietal bone, and penetrating the brain to the depth of two or three inches. The fracture extended along the lambdoidal suture two and a half inches, and along or near the squamous suture three and one-fourth inches, and from this point upward toward the vertex about four inches, breaking this portion of the parietal bone into three pieces, leaving an opening in the skull, through which the brain protruded, of three or four inches square. A fracture of the occipital bone was also found of two or more inches in length, and

extending downward and backward in a direct line with the sagittal suture. One of the pieces from the posterior inferior angle of the parietal bone presents a portion of the groove for the lateral sinus, which was ruptured and torn from its bed; the sulci, or grooves for the arterior meningia media, were also to be seen upon the bones that were removed, which, with the meninges, were torn from the brain. The pia mater, with several of the convolutions of the brain, were removed by the sickle guard, leaving the brain in a horribly mutilated condition. Many of the arteries of the scalp and brain were divided, and two or three inches of some of them entirely torn from the head. The posterior auricle, the temporal, the superior anterior branches of the occipital, and several of the large and smaller branches of the cerebral arteries were among the number injured. The amount of brain lost was estimated at half a gill. A piece of the scalp, measuring about two inches square, was nearly detached. The whole wound of the scalp measured over twelve inches in length. One incision extended from the vertex, near the junction of the sagittal, with the coronal suture obliquely downwards toward the ear, nearly five inches, and from this point posteriorly toward the occipital spine four or five inches more. Another extended from the posterior superior angle of the parietal bone, to a point just above the mastoid process of the temporal cutting, and turning up the scalp in two triangular pieces. One or two slight bruises were found upon the neck and shoulders and upon one of the hips. He was in an extreme state of prostration; pulse feeble and skin cold; he lies motionless and unconscious; if an effort is made to rouse him, he will answer questions, but reluctantly and with haste, and then relapse into a comatose insensible state again. When the wound was being dressed, he showed some signs of pain when the knife came in contact with the scalp. Locks of hair that had been severed from the head by the sickle were found driven one or two inches within the brain; these, with the pieces of fractured bone, were removed by the aid of the scalpel and forceps. The nearly detached portion of scalp, one or two of the convolutions of the brain that were badly lacerated, together with the portion of pia mater investing them, were also removed

by the knife and scissors. A portion of the sound and uninjured scalp was then—as in operation for hare-lip—dissected from the skull and made to cover the unprotected portion of brain. Some twenty sutures were taken in the wound, bringing its edges closely together. Brandy and water was freely administered during the operation to keep him from sinking. At the close of the operation he appeared to be in an almost perfect state of collapse; pulse extremely feeble and intermittent; features pale and ghastly; surface cold; respiration slow, and performed very feebly. He was ordered to be wrapped in flannel, and warm applications made to the feet. Stimulants were administered at short intervals, until he partially recovered from this state of prostration. He remained in this condition until eight hours from the time he received the injury; he then, after vomiting several times, sank into a state of collapse again. He became profoundly insensible; his pulse ceased; his eyes became fixed, and his jaws set; his extremities and face were icy cold; trembling of the pectoral muscles, and one or two slight convulsions, were noticed. A dose of carbonate of ammonia, with a little brandy and water, brought on an imperfect state of reaction. His pulse came up to 80, but were very weak and irregular, often sinking to 40 beats per minute, and then again, after the administration of ammonia, rise to 70 or 80. When his pulse sank he appeared as if in a quiet tranquil sleep; his extremities would again become cold; his respiration slow, sighing and feeble; but when his pulse came up again he would be restless and feverish; his skin hot and dry, and his lips parched. His pulse remained in this changeable condition until the third day, when they became more regular,—seldom falling below 80 or rising above 90—and were full and soft. His appetite began to improve slightly; he appeared much more rational, but slept the greater part of the time. When aroused he seemed perfectly conscious of what was taking place about him; would answer when spoken to, get up and take food or drink when offered him, and would listen to conversation for an hour or more at a time. A mild cathartic was given for the first time on the eve of the third day. He had had two evacuations from the bowels since the accident occurred, but from the fact that it was not supposed

possible that he could survive the injury more than thirty-six hours, and from the depletion that had already taken place from the loss of a great amount of blood, it was not thought advisable to deplete any farther, not even with cathartic. An enema was ordered to be given every two days if his bowels should become torpid. On the evening of the sixth day I found his pulse up to 96, but soft, very full and jerking; this was accompanied with an increased throbbing and heat of the brain. I ordered the cold cloths, which had been used from the time that reaction first came on, to be wet in very cold water, and changed as soon as they began to get warm, which was as often as every three minutes. A dose of magnesia sulph. was given, followed in three minutes with an enema. Veratrum vir. was left to be given every four hours in four drop doses. Called again on the evening of the next day: found him much more comfortable; pulse 76, and very soft. His appetite and strength seemed to increase from this time until the fourteenth day, his pulse remaining at 80. He was able to sit up in a chair when his bed was being made, and to converse with his parents for half an hour at a time. His memory was very much impaired, which he himself noticed and often spoke of. He remembered the occurrence of the accident, the horses running, and his being thrown off; he also knew and called people by name that called on him. A healthy scab formed over the wound, which, on the twelfth day, was thrown off, leaving the wound perfectly healed. Suppuration took place on the seventh day, and from that time until the fourteenth, the wound was doing as well as I could wish,—about eight inches of it being healed. I did not visit him on the thirteenth. Called on the fourteenth at 7 o'clock p.m. Found that inflammation of the brain had set in; his pulse 124; sleep disturbed; skin hot and dry; carotids pulsate violently; the tongue dry and the appetite gone; the stomach irritable and the bowels constipated; the pain in the head very severe; eyes intolerant to light; conjunctiva injected and red; impatience, irritability and constant agitation; arms continually raised towards the head, and is inclined to rest on the side injured. I left him veratrum again to be taken as before. Gave him an enema, which operated in about thirty minutes. Ordered the

cold cloths to be changed frequently, and to be applied to the whole head. Called on the fifteenth day at 9 a.m. Found his pulse 96; irritability and restlessness much less; heat and dryness of the skin was also much diminished. On the eve of the same day, from suppuration and sloughing of the divided arteries, he lost some blood, which was checked with cold applications. The wound, which had before discharged a healthy laudable pus, now discharged a thin gleety matter, which ran down the neck in streams, wetting the pillows and bedding. On the sixteenth day he was again taken with bleeding from the divided arteries, which was not checked until syncope was produced. He remained in a semi-comatose state until the next morning (seventeenth day), when he quietly and without a struggle glided into the arms of death.

ARTICLE V.

THE PREPARATION OF THE COMPOUND SYRUP OF PHOSPHATES OR CHEMICAL FOOD.

BY DR. PHIL. F. MAHLA, APOTHECARY, CHICAGO.

The favorable results which have been obtained in medical practice by the use of the so-called "chemical food," made it desirable to find out a method by which this elegant medicament could be made in a manner which would permit every apothecary to put it up himself, and which would, by its simplicity, reduce the cost of its preparation.

Different formulas have been proposed for preparing the soluble phosphates. The most common was that in which the basic phosphates were dissolved in pure glacial phosphoric acid, by which simply the soluble acid phosphates were formed, or that in which another acid was used, whereby, however, besides the soluble phosphates, also the soluble salt of the employed acid was formed in solution.

These procedures were not only expensive ones, because in most cases instead of the costly glacial phosphoric acid the nearly just as high priced citric acid has been used, but they did even not furnish the desired thing, because the physician wants

only the pure phosphates without free phosphoric acid in solution. But to prepare the syrup after the heretofore published formulas, it is not possible to get it without having free acid in it.

I think, therefore, that it would be of service to the medical profession, and especially to my brethren in business, if I would make public my process, which permits not only to get up a pure and elegant preparation, but which brings down the cost to a mere trifle; thus affording the apothecary an opportunity to charge but low prices for a valuable medicine.

The calcined bones consist essentially of about 90 per cent tribasic phosphate ($_3CaO.PO^5$) and about 10 per cent carbonate of lime. If they are brought in contact with sulphuric acid, a chemical process is produced, by which, besides the monobasic phosphate of lime ($^{CaO.}_{2HO} + PO^5$), only the but slightly soluble sulphate of lime is formed. If the obtained solution, after the insoluble residue has been separated, is evaporated to dryness, and the remaining salts are treated with a small quantity of water, nearly all the sulphate of lime remains as an insoluble white powder, and the solution contains the monobasic phosphate of lime.

I found now that this solution is capable of dissolving a large quantity of phosphate of iron, and that it can keep it in solution if it is not heated, provided that an excess of the monobasic phosphate of lime has been used. My method is founded on this discovery.

I will first give the formulas for preparing the monobasic phosphate of lime and the phosphate of iron, and then the one for making the syrup.

Monobasic Phosphate of Lime.—Take of powdered calcined bones ℥xvi., pour on them, in a porcelain evaporating dish of convenient size, one gallon of water, and add, stirring constantly, by and by, sulphuric acid (oil of vitriol) ℥x. After the effervescence has ceased, heat the mass on a charcoal fire, and keep it boiling during two or three hours, stirring constantly, and adding from time to time so much water as has been evaporated. Strain the refrigerated mass, and mix the residue twice with a quart of water and strain again. Evaporate to dryness all the

filtering and wash-waters, first on free fire, and afterwards on the waterbath, dissolve the remaining mass in an equal quantity of cold water, and after having separated the insoluble sulphate of lime by filtering, evaporate the clear liquid to a very thick pill mass consistence or better dryness. Put in dry glass-stopper bottles and protect it from the air.

PHOSPHATE OF IRON.—Dissolve of sulphate of iron 10 parts in 100 parts of water, add to it a solution of 13 parts of phosphate of soda in 130 parts of water (both solutions have to be cold), pour away the supernatant liquor as soon as the precipitate has settled, wash it with cold water, and collect it finally on a filter. Then dissolve one ounce of the monobasic phosphate of lime (if of pill mass consistence, one scruple more), one drachm of the phosphate of soda, and one drachm of the phosphate of potash, in four ounces of distilled water; add to this solution the still moist and freshly made phosphate of iron (out of about 10 drachms of the sulphate) as long as it will dissolve. As soon, however, as the blue color of the latter ceases to disappear, add another ounce of monobasic phosphate of lime, and filter the solution into a bottle. All these operations have to be made cold without heating the liquid.

Take of white sugar 32 ounces, water 18 ounces; boil and strain. When this syrup is cooled add to it the above solution.

This syrup contains in 1 drachm, 2 grains of the monobasic phosphate of lime, 1 grain of the phosphate of iron, and smaller proportions of the phosphates of soda and potash.

It happens very often that a small percentage of lime, which is contained in nearly all sugars, causes a turbidness in the ready-made clear syrup by throwing down a precipitate of the basic phosphate of lime. By letting it deposit, or better by filtering through a good filtering paper, it can be obtained perfectly clear.

A few druggists color this syrup with cochineal, but this being of no other use than to give this preparation the disagreeable taste of this substance, I think it preferable not to do it.

ARTICLE VI.

TYPHOID FEVER.

BY B. O. REYNOLDS, M. D.

Typhoid fever has prevailed in this vicinity for the last three months to a considerable extent, and quite a number of deaths have occurred from this cause. All the cases, however, that have come under my immediate observation have been of an ordinarily mild character. Indeed, it is my opinion, based upon close observation, that nearly all the cases of this disease occurring in the country, or in an otherwise healthy locality, would continue mild were it not for the common practice of too many physicians, especially those of ancient origin, to dose freely with calomel and other active cathartics, thereby reducing the plasticity of the blood, as well as directly irritating the intestinal glands, which, I believe, are universally spongy or inflamed in this form of fever.

Within the last three years I have treated thirty well-marked cases of this disease, and all, with two exceptions, without the use of mercurials in any form, and also without cathartics, using in their stead, when necessary, simple laxatives or enemas.

The exceptional cases referred to presented decided biliary derangements, and a few doses of hydr. cum creta seemed to have a beneficial effect.

Unless contra-indicated by local complications, I give tonics throughout the entire course, and early resort to the turpentine emulsion, aided by a judicious administration of well-salted animal broths and other supporting diet. If I could use but one remedy in the treatment of this disease, I should greatly prefer the turpentine to any other.

I have for several years closely watched the result of the calomel treatment as practised by our old fogyish physicians (who use mercurials invariably in all fevers), and must say that the mortality has been considerable, and many who have finally recovered narrowly escaped death.

All the cases that I have been called to treat from the commencement of the attack, and before any medicine had been

given, have not only recovered, but the disease, after the first six or eight days, generally assumed a mild character, the patients getting about in from one to four weeks. Either the cases that have come immediately under my observation and treatment have all been miraculously mild, or else the treatment had something to do in mitigating the disease.

Again, I have frequently been called to see patients that had been copiously purged, either professionally or, by what is a common practice with many persons when attacked with disease, by taking large portions of patent pills, which generally are composed largely of aloes or other drastic cathartics, who very soon presented the disease in its worst form, and some have died about the third week, while others barely escaped, and only recovered after an illness of from five to eight weeks.

I do not wish to be understood to say that this or any other fever may not be attended with alarming symptoms, and even prove fatal under any treatment. Undoubtedly such cases do occasionally occur; but what I would impress upon the minds of your readers is, that in our treatment we should carefully avoid anything that would tend to impair the already much depressed vital forces of the system, which we have every reason to believe is the true condition in this disease.

I have been induced to say this much from the fact that I have so often been surprised to see some of my senior brethren not only saturating their typhoid patients with mercurials, but also administering freely hydragogue cathartics, even in advanced stages, when there was evidence of great general prostration.

Our county medical society holds regular meetings, yet it is a painful fact that the interest taken by the profession throughout the north-west in these societies is not what their importance demands. At our last meeting the following resolution was unanimously adopted, viz: That we believe a very large proportion of human misery, including poverty, disease and crime, is induced by the use of intoxicating drinks; and the most perfect health is compatible with total abstinence from all such drinks as beverages, whether in the form of distilled or fermented spirits; and we believe that persons accustomed to the use of such drinks may, with perfect safety, discontinue them entirely;

that total and universal abstinence from alcoholic beverages of all kinds would greatly contribute to the health, the prosperity, the morality, the longevity, and the happiness of the human race.

I believe if this or a similar resolution was promulgated by every physician, endorsed and made public by every local medical society, that much in this way might be done to eradicate that monster disease, *intemperance.*

ELK HORN, WIS., May, 1858.

ARTICLE VII.

POISONING BY BELLADONNA.

BY B. F. SCHNECK, M. D., OF LEBANON, PENN.

I have been in the habit for several years past of treating many cases of hooping cough with the following prescription, and have been invariably well pleased with the result:

℞ Extr. belladonnæ, grs. xij.
Syr. ipecac., ℥j.

Tere et misce sig., 10 to 30 drops three or four times a day.

A little son of H. R., aged 4 years, convalescent from the disease under this treatment, had just been ordered half an ounce more of the mixture, as being sufficient to remove what little cough there yet remained. Of this vial he had taken but one dose, when, his mother being engaged in another room for fully half an hour, the child drank the whole half ounce, save what little of the syrup, owing to its thickness, adhered to the inside of the glass. When she returned she remarked his odd behavior, for which she could not at first account. After the lapse of nearly an hour, however, finding the empty vial, and now remembering my caution as to the danger of the remedy in over-doses, she sent me a very emphatic summons, which, it is needless to say, I attended to with more than obstetric haste.

I found the child completely belladonnized, and the worst not yet come. There was a disposition to drink constantly, indicating great dryness of the mouth and throat; complete loss of sight, with intense injection of the eyes, and great flushing of

the face. He appeared to hear morbid sounds, as indicated by his suddenly starting up into a listening attitude and looking round. The next moment he fell into a short sleep, from which he soon started up affrighted. The pulse was now very full, feverish and frequent; there was an eruption of a scarlet color over the entire surface, and there occurred occasional efforts at retching and vomiting. Now also visual illusions began to appear, manifested by the child's fancying that he saw objects in his vicinity, and reaching towards them accordingly. Delirium now also came on, associated apparently with pleasant or amusing ideas, for the child would smile and then suddenly burst out into gleesome laughter, accompanied by odd gestures such as children often make in their frolics in health. On standing him out on the floor he could not walk, but staggered, with the body bent forward and stooping, and the arms thrown out gropingly as a blind man would feel his way, and unless held he soon fell down. He now began to be comatose; the surface looked purplish, and the extremities became cool. The treatment, unfortunately delayed for more than an hour for the reason above given, consisted in cold effusions uninterruptedly to the head, and emetics of ipecacuanha and sulph. zinc, which, however, were administered with the greatest difficulty. Ten grains of each were given every twenty minutes, but so insensible was the stomach that upwards of two hours elapsed before free emesis could be induced, and then only by tickling the fauces with a feather. When, at last, vomiting occurred, the child was unconscious, the poison having had a fair time to be absorbed, and the case looked hopeless. A stimulating injection, however, which had been given at the beginning, now fortunately began to operate, and very soon, as if by magic, the symptoms improved. A large dose of calomel with castor oil were now given, and in six hours afterwards the child was out of danger.

The extract was Tilden's, and the quantity swallowed was six grains. It is singular that the half ounce of syr. ipecac. should not of itself have induced vomiting. Probably the nervous sensibility of the stomach was at once overpowered by the quantity of the narcotic taken. The recovery of a child, especially after such a dose, is remarkable; inasmuch as two grains have been known to produce alarming symptoms in an adult.

ARTICLE VIII.

TWO CASES OF INTERNAL INJURY FROM A FALL; THEIR OPPOSITE AND UNEXPECTED TERMINATIONS.

BY B. F. SCHNECK, M. D., LEBANON, PENN.

CASE 1.—April 7th, 1858, was called to the wife of Wm. Hoffman, who was said to have fallen in the following singular way: engaged in lifting a heavy iron kettle from the fire while washing, she slipped, fell, and struck with her left side the edge of a cedar bucket. The fall was thus only from the perpendicular to the horizontal. She was taken up insensible. I found her recovered, it is true, but alarmingly ill. There was no pulse at the wrist; no throbbing of the carotids; a mere flutter audible at the heart; the entire body as cold and white as that of a corpse; and the lips, even, perfectly blanched. Indeed, the shock to the system was so great that the woman threatened to die every moment. This prostration may have been owing to the solar plexus of nerves having been greatly affected by the blow. She complained also of a stitch in the left side, which was much benefited by a tight bandage. Brandy was freely used; sinapisms, hot bricks, etc., were applied to the extremities; and yet for two days and a night the woman lay in the same collapsed state, though perfectly conscious and rational. On the third day she vomited, and complained of severe pain in the abdomen, which began to swell enormously, and a real peritonitis supervened. On the fifth day the tongue became dry, a profuse watery diarrhœa set in, and the symptoms of enteritis were clearly declared.

During all this time the treatment was fomentations, opium and calomel, brandy and nourishment; the stimulants, though contra-indicated by the inflammatory action, being nevertheless required by the extreme collapse which was ever present.

April 15th.—Pulse very small; action of the heart feeble; skin cool, and surface pale; considerable dysuria and tenesmus; abdomen softer, reduced in size, and less painful. Gave pl. acet. 2 grs., opium 1 gr., cret. preparat. 3 grs., after every

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evacuation; and quinia sul. four times a day, with brandy and beef-tea freely.

April 20th, 25th.—Slowly convalescing; able to sit up.

Case 2.—On the evening of April 10th, 1858, John Kindig, aged about 40 years, fell from a tree which he was pruning, a height of fifteen feet. I saw him in probably half an hour afterwards, and found him as follows: Fracture of the left radius close to the hand; a cut in the scalp, about two inches long, a little above the left ear, and running parallel with the temporal ridge. His general aspect was very favorable; his warmth and color unaffected; no pallor, as in the first case, indicating any shock to the system; the pulse slow and regular, and no difficulty about the heart perceptible to the ear. A deep inspiration caused some pain across the chest, but more a feeling of constriction. There was no cough. He complained of some stiffness of his neck, and moved his legs freely. Save the injuries above stated, the entire organism appeared, after the most careful scrutiny, to have almost miraculously escaped; and the investigation was certainly thorough, for the recollection of the woman's fall a few days before was too fresh in my mind to have permitted me to be at all careless. There was no concussion nor compression of the brain here; no depression of the bone, as his rational conversation indicated. Until I had dressed the fracture and the flesh wound there was consumed at least an hour, or more; and during all this time I could distinguish no other lesion. I was informed, however, that at 4 o'clock the next morning he had some spasms or nervous twitchings, as they were described to me, and immediately died. I was also told that about midnight he had a chill, after which a slight reaction came on; but as he felt well, neither he nor his attendants had any presentiment of death, until it quietly and quickly came upon him.

One thing is remarkable: he felt no pain while I was adjusting the fracture, although the displacement was such as must have caused not a little suffering during the necessary manipulations.

What was here the cause of death? No post-mortem examination having been allowed, we must only conjecture. It was not concussion or compression of the brain; not dislocation

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of the vertebræ; but it may have been rupture of the liver, of the spleen, of a great bloodvessel, or of the stomach.

On the following morning, when I was shocked to find him dead, I felt his abdomen, and found it very much tumefied, and presenting a hard and *doughy* sensation to the touch.

PROCEEDINGS OF MEDICAL SOCIETIES.

ANNUAL MEETING OF THE EARLVILLE UNION MEDICAL SOCIETY.

The second annual meeting of this association was held at Earlville, July 13th, 1858, commencing at 2 o'clock p. m.

The meeting was called to order by the Vice-President, D. C. Gould, of Northville.

The minutes of the previous meeting were approved as recorded, and read by the Secretary.

An election of officers for the ensuing year was held, which resulted as follows:

President, . . .	D. C. Gould, M.D.,	of Northville.
Vice do., . . .	J. W. Edwards, "	" Mendota.
Secretary, . . .	D. M. Vosburgh, "	" Earlville.
Treasurer, . . .	S. Wiley, "	" "
Censors, ...	P. E. Cook, "	" Mendota.
	D. Hinckley, "	" Leland.
	W. P. Sherwood, "	" East Paw Paw.

Interesting discussions were held amongst all the members present upon the following subjects: Bite of the Rattlesnake, Cholera, and Cholera Morbus.

The Secretary was instructed to furnish a copy of the proceedings to the *Chicago Medical Journal* for publication.

Then adjourned until the semi-annual meeting, which will be held on the 10th November next.

D. C. GOULD, *President.*

D. M. VOSBURGH, *Secretary.*

[Continued from page 660.]

"I do not wish to make a hobby, or laud any remedy more than it requires, but must say that I am convinced that veratrum is one of our great therapeutical remedies; and as such, demands our attention and administration in most inflammatory diseases.

"In reply to question No. 2, I would say, that scarlatina has prevailed nearly all the year, and is still prevailing at this time within six or eight miles of our place. During the summer and fall, and early part of winter, nothing unusual characterized its type; in fact, if I should regard anything unusual about the disease, I should say it was unusually mild.

"This mildness of type continued until January. No deaths had occurred, although I had cases all the time. The first cases in our vicinity that proved malignant and fatal, occurred in Toulon, a village six miles distant. The patients (two children), under the care of a homœopath, were sick only a few days, and, as I learned, died with symptoms resembling those in arachnitis.

"On the 17th of same month I was called to see a boy, aged eleven years. The rash was fully out, but looked purple; he seemed a little incoherent; pulse quick and weak. I ordered lukewarm spongings to the surface, cold applications to the head, warm pediluvia, to be succeeded by sinapisms to the feet, a mild dose of oleum ricini, and when it operated to be followed by spts. nit. dulc. ℥ij., comp. syr. scillæ ℥j., mix, and give ℥j. every two hours. On the next morning I saw him again; symptoms but little changed. Oil had operated. Treatment not changed. P. M., saw him again; symptoms materially changed for the worse; constant muttering delirium; sunken appearance of the countenance; cannot recognize friends; floccitatio; evacuations passing in the bed without his knowledge. Ordered quinine, with carb. ammonia, every two hours; and to subdue the pulse, ordered tr. veratrum, in diminished doses, every three hours. Spts. nit. and tr. scillæ comp. to be suspended.

"Next morning much worse; treatment continued, but he died the succeeding night.

"While at this house, my attention was called to an infant, aged one year, who had only been sick an hour or two. I made

a prescription, but ere fourteen hours had passed they both lay corpses in the same house.

"This child sunk as if by some sedative poison. In two other houses in the same neighborhood seven other cases occurred, and out of that number only four recovered. Some died with disease of the glands of the throat and ulceration of the tonsils, some with an erysipelatous affection of the eyes and face, but most cases died as if from meningitis."

The Doctor continues by saying that on the 6th February scarlatina entered his family. Five children of his own, and a girl of thirteen residing in the family, were sick, and one died. Those who recovered were sick a long time, and the convalescence protracted.

In the case of his son, aged ten, the thumb nails, some of the finger nails, and the entire surface of the skin sloughed off.

After acknowledging his obligations to Drs. Secord and Clark of Galva, and Drs. Fitch and Cleveland of Kewanee, for medical aid during the sickness of his children, the Doctor adds:

"I am under the painful necessity of acknowledging that I have but little confidence in medication in this malignant disease. I have tried the mild and expectant plan, I have tried the stimulant plan, the cold and warm and the sedative plans, tr. veratrum, with the different liniments and poultices to the throat, with the multiplicities of gargles to the tonsils, without being able to decide upon the superior virtues of any one course."

In reply to question No. 3, the Doctor writes:

"Typhoid fever, during the year 1857, has not prevailed as much as usual. What cases I have seen were unusually tedious. No cases have proved fatal under my care. I see no well-marked distinctions between cases occurring in the timber or on the prairie. This is a rich prairie region, the timber being on the low ground and the prairie high and rolling.

"Milk-sickness is not known in this vicinity; and as for answering to its origin I shall not attempt it, as it has baffled our best pathologists and chemists up to the present time.

"Cholera infantum prevails every summer in this region. I believe it is produced by teething and the excessive warm weather, unwholesome atmosphere, sleeping in crowded and illy ventilated

bedrooms, and not by miasmatic causes; and consequently think that anti-periodic remedies are of little use in any stage of the disease. For a topographical description of this section of Illinois, see a letter from the undersigned, published in the *Transactions* for the year 1856."

The report of your committee is hereby respectfully presented, and with the hope that the several subjects treated will receive further attention from future committees.

F. K. BAILEY, *Chairman.*

PURPURA HEMORRHAGICA; WITH A REPORT OF CASES.

(Read at the Annual Meeting of the Illinois State Medical Society, June, 1858.)

BY G. W. PHILLIPS, M. D., OF DIXON, ILL.

The above is the title to an interesting paper covering thirty-five pages of foolscap paper; but the author must pardon us for giving an abstract instead of the paper in full, on account of the small amount of money in the treasury of the society. The whole paper is occupied with the detail of four cases and their treatment.

The first was a female, aged fifty years, who had suffered more or less from periodical fever for two years preceding. She was anemic, and the purpura was accompanied by hemorrhage from the bladder, and more or less bloody discharges from the bowels, with a plain aggravation of symptoms every alternate day. She was treated chiefly with quinine and oil of turpentine, and recovered in about three weeks.

The second case was a man, aged twenty years, of a scrofulous diathesis, and subject to attacks of pulmonary irritation. The symptoms, at first, were those of a mild remittent fever; but the patient became greatly prostrated; subject to frequent epistaxis; tongue dry; pulse 160 per minute; and towards the end of the case, petechia on the surface and low delirium. The treatment consisted in the use of quinine, brandy, ammonia and

iron; but the patient died thirty-three days from the commencement of the attack. No post-mortem was allowed.

The third case was a female, of nervous temperament, aged between twenty and thirty years, whose health had been failing for two preceding years. During the last six or eight months she had nursed an infant, and suffered some from stomatitis materna, and slight attacks of periodical fever. The child was weaned, and the patient resorted for a time to a less malarious district in Wisconsin. While there her child died and she suffered from bronchitis. She returned emaciated and feeble, and soon again had symptoms of ague. For two weeks more she rapidly became extremely anemic, with vertigo, faintness on rising up; slight hemorrhages from the nose and gums; pulse 130 per minute and soft; and occasionally vomiting. There was enlargement of the spleen, and some signs of disease in the lungs. During the third week diarrhœa occurred, with some petechia over the abdomen. During the fourth week she began to improve, and remained better for several weeks. But then all the primary symptoms were renewed, with the addition of still greater emaciation, œdema of the cellular tissue, and dulness on percussion over the cardiac region of the stomach. After lingering eight or ten weeks longer, during which she suffered much from neuralgic pains and extreme debility, with additional dropsical effusions into the cavities of the body, she died.

Dr. Phillips thinks the case was complicated with cancerous disease of the stomach, but no post-mortem examination was permitted.

The fourth case was a lady, aged thirty-four years. Her father and some of her brothers had died of paralysis. The family on her mother's side were consumptive. Her health had been declining for more than a year before coming under Dr. Phillips' care. He found her suffering from all the symptoms usually resulting from occasional paroxysms of fever; greatly impoverished blood; enlargement of the spleen; and morbid irritability of the respiratory organs. For several months the patient continued to suffer from the same pathological conditions, with gradually increasing exhaustion. At length, epistaxis occurred, with petechial and purpuric spots over the cutaneous

surface, varying from the size of a pin's head to that of a silver dollar. Owing to the frequently repeated symptoms of periodical fever, and the hereditary tendency to paralysis, she was treated during several weeks with strychnine and the solution of arsenite of potassa. These remedies were gradually increased until the former was given in doses of half a grain three times a day, and the latter in doses of fifteen drops, without spasmodic action from the one or œdema from the other. She took also more or less quinine and other tonics. After several months of suffering she improved so much as to be able to return to New Hampshire, her native state.

It will be observed that all the cases reported occurred in a miasmatic district, and that repeated attacks of periodical fever had preceded any hemorrhagic or purpuric symptoms.

The chief items of treatment that seemed to benefit the patients were such as interrupt periodicity and improve the quality of the blood, viz: the use of quinine, strychnine, nitro-muriatic acid, and other tonics.

VALEDICTORY ADDRESS OF THE PRESIDENT OF THE ILLINOIS STATE MEDICAL SOCIETY.

(Delivered at the Annual Meeting in Rockford, June, 1858.)

BY C. GOODBRAKE, M.D., OF CLINTON.

GENTLEMEN OF THE ILLINOIS STATE MEDICAL SOCIETY,—In discharging the last duty pertaining to the station which, by your free-will suffrage, I have had the honor of occupying during the past year, permit me to present for your consideration a few thoughts on some of the causes which, in my opinion, retard medical improvement and the usefulness of our profession, in this our glorious Prairie State.

I know it will be very difficult for me to advance anything new under this head, the ground having been gone over time and again by those more capable and who have more "elegant leisure" to devote to matters of the kind. But as there is

scarcely any topic connected with our profession but what has been written and spoken upon by so many, and on multiplied occasions, I hope it will not be deemed arrogant in me to offer a few ideas as they may present themselves to my mind in relation to this subject.

From what observation and *experience* has taught me, I believe that the first and one of the greatest obstacles in the way of medical improvement is the want of a proper or necessary preliminary education on the part of a great many who engage in the study of medicine. Many young men, endowed by nature with excellent minds, and who, if they had undergone a pretty thorough course of mental training, might engage in the study of medicine with great pleasure, and the promise of much success and usefulness, commence it without any educational fitness whatever,—some of them hardly able to write intelligibly or read their own language understandingly. Now it must be quite obvious to every one, who has in any degree profited either by observation or experience, or both, that he who enters upon the study of the science of medicine under these disadvantageous circumstances has indeed a hard task to perform, if his aim is to make himself a respectable and well educated physician.

We will take it for granted that he intends to make himself familiar with the different branches of the study before him, and as a matter of course he will have a double labor to perform from the very outset. In the first place, he must study his text; and secondly, he is compelled, by dint of severe mental labor, to learn to understand the language his author uses. We can all readily perceive that if there were nothing else lost in cases of this kind, it must necessarily involve a great waste of time. It will take the student twice as long as it would if he had been properly educated beforehand to prepare for his college course; the same difficulty will follow him through the whole of his attendance on medical lectures; and he can only hope, by a prolonged course of untiring and undeviating application, to reach the goal for which he has set out.

We must admit that there are some who, by a passionate desire for scientific knowledge and an iron will to overcome all obstacles, will perform almost impossibilities, and finally become

pre-eminent in the profession. But while this is true of a few, it is also true, that hundreds of those who commence the study of medicine without a reasonable preparatory education, soon become discouraged by the great disproportion of their mental acquirements and the magnitude of the task before them; and some of them—those who take the most sensible view of the subject—turn their attention to some other calling more proportionate with their educational qualifications; but a majority of them, because they are unable to comprehend either the beauties or usefulness of the science, arrive at the conclusion that all they want is a smattering of the *art of medicine*, and consequently they aspire no higher than to obtain their diploma, and ever after follow their profession as a trade, merely to make money. Of such are those of whom it has been said, that instead of conversing on some scientific subject — the character of the diseases most prevalent, etc., etc.—when they meet with a neighboring physician, they always inquire of him how many dollars he has booked per month. All such men, instead of doing anything that might add to our common stock of medical knowledge, are mere clogs under the wheels of the car of medical progress.

Another great hinderance to medical progress in our western country, according to my way of thinking, is the habit, existing among us to a considerable extent, of sending our students "east to attend lectures." The time may have been when this practice of sending our students "over the mountains" to receive medical instruction was necessary, but that time has gone by; for we can boast of a sufficient number of medical schools, supplied with every material necessary to impart instruction, hospitals included. And our schools are conducted by gentlemen who are as capable, and who are in possession of as high medical attainments as can be found in any portion of our whole country. I am aware that when anything is said on this point, the cry is at once raised against "sectional medicine." They may call it what they please, but I am confident that those who wish to practice medicine on the prairies of the west should receive instruction from men who are acquainted with the peculiar character of the diseases which the student will be called upon

to treat when he assumes the duties of a medical practitioner. "That diseases present peculiar features in different localities no one will pretend to deny; and that our western diseases require a different treatment—to a great extent—from those of eastern and mountainous ones, will be corroborated by every candid physician who has received his medical education in the east, and has settled himself to practice his profession in the west. He will tell us that it required considerable time and study before he could familiarize himself with the prevalent diseases of our western country and treat them successfully." Leaving out of the question the risk of the lives of patients and the reputation of the young practitioner, this again is attended with a loss of time; and as time is money in the business world, so time is knowledge in the scientific world.

The next thing to which I will call your attention is a want of the exercise of proper discrimination on the part of too many of our practitioners. If there is any one qualification necessary for the physician to possess, in order to practice with benefit to his patients and honor to himself and the profession, that of thorough discrimination stands pre-eminent. And the want of discriminative powers, or the neglect to exercise them, will continually subject him to upbraidings of conscience, mishaps in practice, and the pity, if not the contempt, of his professional brethren, no matter what his other acquirements may be.

It will be unnecessary for me to mention all those innumerable and awkward mistakes which occur almost daily in the practice of medicine, surgery and obstetrics, from the neglect to discriminate carefully; and I will therefore only endeavor to point out wherein and in what manner this neglect is almost certain to endanger the lives of patients, disgrace individual practitioners, and bring reproach upon the profession.

The great difference of opinion entertained by physicians in regard to many of our most common diseases, has its origin in the want of a close inquiry into the pathology of every disease the physician is called upon to treat, and a careful selection and judicious administration or application of remedies. How often has it been the case that some physician has reported his experience in typhoid fever; given his treatment, and informed

us that it proved highly successful,—it acted like a charm!—and in the very next case of this disease some one of his readers was called to see, he pursued the same treatment, without due regard to age, temperament, idiosyncrasy, or peculiar symptoms, which may have accompanied his case, and which were, perhaps, entirely absent in the case reported, and the treatment has proved an entire failure. Perhaps a succession of cases were treated in a similar manner and with a like result, and he then informed us, through the medium of some medical journal, that the reporter of the treatment was in error, that his plan of treating typhoid fever had been subjected to a fair trial in a number of cases, and found most conclusively inadequate to the purpose. The same is true of some who will tell us that they have treated their cases according to some favorite author,—probably according to Wood's Practice—and that the "treatment laid down don't amount to anything." But they forget to inform us that George B. Wood was not present *in propria persona* to make a correct diagnosis in their particular case, and to exercise discrimination in selecting suitable remedies, as they were indicated from time to time throughout the continuance of the diseases. They forget that an author can do no more than to give us the most prominent characteristics of the disease, and point out some general plan of treatment; and that our own discriminative judgment must, in each individual case, teach us what remedies are indicated—when to give a certain one, and when to discontinue it and substitute another.

How many there are who, when they think they have a case of typhoid fever, at once commence a certain routine of remedies as laid down in their text book or some monograph on this disease, and continue to do so until the patient happens to get well or is removed by death from under their jurisdiction. And there are others who set up an opinion of their own in regard to this disease, to the exclusion of all other opinions, no matter from what source; and who have their own peculiar remedy to "cure-all-cases," and administer it indiscriminately in every case they are called to treat. One will tell us that turpentine alone is sufficient to cure any case of typhoid fever; another informs us that brandy and nitrate of silver is all that is required

to cure the most stubborn case; and a third intimates that typhoid fever is not so much of a disease after all! and tells us very complacently that all he wants is to get the patient *slightly* salivated at the commencement of the disease, and he is sure to cure every case, and so on almost *ad infinitum*. Each one of these self-willed practitioners have their own peculiar hobby, and give their own specific, to the exclusion of all other remedies.

It must be apparent to every intelligent mind, that these hobbyists are as deep in the mud, as those who follow some routine of treatment laid down by others, without taking the trouble of thinking for themselves, are in the mire. Both of these classes of men must prove unsuccessful practitioners. In the first place, they neglect to attend to that part of their duty which is paramount to all others, namely: to investigate carefully and thoroughly the disease before them, examine every symptom minutely, and spare no pains to arrive at a just conclusion as regards the constitution and peculiarities of their patient; and in the second place, they fail to use a cautious and warrantable discrimination in the selection of their remedies, but either follow up some prescribed rule of medication without considering its applicability to the case under treatment, or mount their favorite hobby, and ride it until too frequently their patient dies, and they ride themselves out of practice and the profession into disrepute.

What has been said of indiscriminate practice in typhoid fever is equally applicable to the treatment of other diseases. I have seen physicians who would give veratrum viride in every case of pneumonia they were called to treat. No matter in what stage of the disease, or what peculiar symptoms the patient was laboring under when first called, if they diagnosed a pneumonic affection, veratrum must be given; no matter if the pulse was hard or soft, full, or threadlike; and whether the skin was hot and dry, or cool and moist; so the pulse was moderately quick, and the patient had a cough, and complained of pain in the breast or side, he must needs take *the* remedy, because some favorite author or professor had recommended it in particular stages of pneumonia and pleurisy. That such practice is unscientific and calculated to do great mischief, all

will readily admit; but some of you may doubt whether any one, calling himself a regular physician, could be found who would treat a patient upon such hap-hazard principles, or rather no principles at all. But I can assure you, gentlemen, that my observation leads me to believe that such practice is far too common among us, and that its effects are more prejudicial to the interests of the profession than all the irregular quackery in christendom. "Better by far would it be for the human family that the *armamenta medica* consisted of sugar of milk, or like inert substances, than potent drugs, if the practitioner is unable to distinguish and identify disease," and fails to exercise sound discretion in the selection of remedies.

Another thing to which I would call your attention is the fact that there is too little importance attached, as a general thing, to the jurisprudence of our profession by teachers, students and practitioners; and it is true that some of our most able practitioners neglect it entirely. This is not as it should be. Medical jurisprudence, when rightly considered, holds a very important rank among the sciences; and of all the duties devolving upon the physician, none is more solemn and responsible than his position as a medical witness. And there is nothing that can occur in his practice in either of the other branches of our profession, which could have a tendency to raise him higher in the estimation of the community than an enlightened opinion given in an intricate case before a court and jury; and nothing could tear a good reputation down more suddenly than a great blunder committed under like circumstances. A learned writer has said that "the talents and acquirements of the clergyman and the lawyer are brought to a more searching popular test than those of the physician. The clergyman's public ministrations and the lawyer's efforts at the bar are laid open to the appreciation of all. Their audiences are, to a large extent, competent judges of their efforts, and if they manifest ignorance, stupidity or superficiality, they forthwith fall in public estimation to the low level they deserve." And he then goes on to tell us that the knowledge and abilities of the physician, in the practice of his profession, are not tested in the same direct and open manner. This is true, so far as it regards the ordinary

and every day practice of the physician, but there is another quite different position which he is frequently called upon to occupy. When he is called before the judicial tribunals in the capacity of an expert or skilled witness, his knowledge and abilities are tested in the *same direct and open manner* as that of the clergyman's or lawyer's. In this important position,—and perhaps he may be subpœnaed in an unguarded hour to appear before a court and jury to explain the principles and doctrines of our profession, as touching the peculiar case then under investigation—"with the prying curiosity of the bar, the stern scrutiny of the bench, and with the anxious attention of the jury and the bystanders fixed upon him," he may, if he is thoroughly posted in forensic medicine, stand up as an ornament of the profession, "as the high priest of nature, with whom, in her inscrutable laboratory, he is ever familiar." Or he may, through ignorance or indiscretion, ruin his own professional reputation, and bring reproach upon the profession at large. And how often is it the case that physicians, who are good and respectable practitioners, but having neglected this branch of their profession, when they are called to the witness stand, call down upon themselves the pity of the judge, the ridicule of the lawyers, and the jeers of the audience. How necessary then that all, from those who have charge of our medical institutions down to the most obscure country practitioner, should inculcate the necessity of *more attention* to the principles and facts that constitute medical jurisprudence.

Another thing which retards medical improvement, and prevents the profession from becoming as generally useful as it otherwise might be, is a kind of apathy or want of interest exhibited by too many of our medical brethren throughout the state, in our state and county societies. Medical societies are no longer an experiment; the best medical minds in the country all agree that they are instrumental in creating more union in the ranks of the medical fraternity, a greater interest on all subjects connected with medicine; and also, that all members who feel a lively interest in these societies, and are punctual in attending the meetings thereof, are themselves individually benefited. But notwithstanding all this, there are very many

who, from some reason or other, stand aloof, and fail to connect themselves with us to aid us with their council and contribute something to our common fund of medical information, and necessarily fail to receive the reciprocal benefit resulting from such a connection. Some indeed will tell us, and even publish it in the journals, that "all the medical talent in the state is not concentrated in the state medical society." Now this is not claimed; but if what our best medical writers say on this subject be true, it is the duty of every physician in the state to connect himself with the state society; and consequently, all these gentlemen have got to do is to fulfil their duty in this respect, and our society will then contain all the medical talent in the state. "'Tis a consummation devoutly to be wished." If we could visit every county in our state, we would find that in those counties where there is no regular organization of the profession, the practice of medicine is followed too much as a mere business, in which the almighty dollar is the leading principle. And here also we would find those old-fashioned jealousies and tricks of trade which make it so very difficult for the people to find the true line of demarkation between regular medicine and quackery. And, on the other hand, in those counties where they have organized medical societies, and have adopted the national code of ethics, we would, as a general thing, find friendly relations, high aspirations, and a spirit of scientific investigation existing among the members of the profession; and they would greet us with the welcome news that empiricism had taken unto itself wings and fled to parts unknown. For the people will, more readily than is generally admitted, distinguish between the truly scientific and gentlemanly physician and the mere pretender.

If what has been said in relation to these several subjects, as impediments to medical improvement, which I have attempted in a brief manner to bring to your notice, be true, it will follow, as a matter of course, that it is our duty to pay due attention to the preparatory education of those who wish to engage in the study of medicine. Admit no young man into our office as a student who is not in posession of a good English education, and sufficient knowledge of the Greek and Latin to enable him to understand the technical names and phrases necessarily used

by medical writers and teachers. This will more immediately benefit the student himself, because it will save him a great deal of time and trouble in after years. But it will also contribute to medical progress, for in nine cases out of ten he will make a better physician and take more delight in investigating scientific subjects.

We should encourage our students as far as practicable to attend lectures in or near as possible to the section of country where they expect to locate. It will save them much vexation and trouble during the first years of their practice. Everything else being equal, let us "encourage home manufacture."

We must discountenance hobbyism and the treatment of diseases according to their names, but encourage the study of signs and symptoms of diseases instead of nosological tables; and inculcate by precept and example careful discrimination in the use of remedies.

We should, as a profession, pay more attention to medical jurisprudence. It should be more extensively taught in our medical schools; its importance more strongly impressed upon the minds of students; and we should all give it at least as much attention through life as we do any of the other branches, as it is most certainly not the least in importance.

And last, though not least, let us encourage and support by every means in our power our state and county medical societies. There should be a more universal feeling among our physicians in favor of these organizations. For if rightly supported and their affairs properly managed, they will do more for the furtherance of medical improvement in our State than any other measure or measures that could be instituted for that purpose.

In conclusion, gentlemen, allow me to tender my heartfelt thanks for the courtesy you have so unanimously extended towards me as presiding officer of this society. And I can assure you that your enlightened views on subjects brought before this society for its action, and your good will and kind forbearance, has made the task on my part a very easy and pleasant one.

BOOK AND PAMPHLET NOTICES.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. II. 1858.

This volume of the Transactions is rather larger than the last. It contains over one thousand pages, and is bound in the same permanent manner as its predecessors of the last three or four years.

After the minutes come the Report of the Committee on Publication and Treasurer, which are followed by the different scientific and literary papers of the President and contributors of the Association.

The first of these is the address of Prof. P. F. Eve, of Nashville, the retiring President. An excellent address, alike honorable to the profession and its author. Next follow: Report on the Medical Topography and the Epidemic Diseases of Kentucky, by W. L. Sutton, M. D., Georgetown, Ky.; Report on the Topography and Epidemic Diseases of New Jersey and the treatment thereof, by Lyndon A. Smith, M.D.; Report of the Committee on the Epidemics of Ohio, by George Mendenhall, M. D.; Report of the Committee on Medical Literature, by A. B. Palmer, M.D.; Report of the Special Committee on Medical Education, by James R. Wood, M. D.; Report on Spontaneous Umbilical Hemorrhage of the New-Born, by J. Foster Jenkins, M.D., Yonkers, N. Y.; Report on the Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D., Louisville, Ky.; Report on the Functions of the Cerebellum, by E. Andrews, M.D., Chicago, Ill.; Report of the Treatment best adapted to each variety of Cataract, with drawings illustrating a case, by Mark Stephenson, M.D., Surgeon to the N.Y. Opthalmic Hospital; Report on the Medical Jurisprudence of Insanity, by C. B. Coventry, M.D., Utica, N. Y.; Report on the Law of Registration of Births, Marriages and Deaths, by Edward Jarvis, M. D., Dorchester, Mass.; Report on the Nervous System in Febrile Diseases and the Classification of Fevers by the Nervous System, by Henry Fraser Campbell, M.D., Prof. of Anatomy in Medical College

of Georgia; Report on Moral Insanity in its relation to Medical Jurisprudence, by D. Meredith Reese, M. D., L.L.D., etc., of N.Y.; Report on Stomatitis Materna, by D. L. McGugin, A. M., M. D., Keokuk, Iowa; Report on the True Position and Value of Operative Surgery as a Therapeutic Agent, by S. B. Flint, M. D., Louisville, Ky.; a Method for Preserving Membranous Pathological Specimens, by R. D. Arnold, M.D., Savannah, Georgia; Letter from E. D. Fenner, M.D., to Paul F. Eve, M.D., President of the American Medical Association; Prize Essay, "The Clinical Study of the Heart Sounds in Health and Disease," by Austin Flint, M.D., Buffalo, N. Y.—*Clinica Clinice Demonstranda;* Prize Essay, "Vision, and some of its Anomalies, as revealed by the Ophthalmoscope," by Montrose A. Pallen, M.D., of St. Louis, Mo.—*Dux Hominum Medicus Est;* the Plan of Organization, Code of Medical Ethics, and List of Permanent Members, end the volume.

There is a great deal of valuable information contained in this issue, and it should not only be read but be in the possession of every member of our profession who desires to be classed as intelligent. This reminds me of the fact that anybody may buy a copy of the Transactions by forwarding three dollars to Casper Wistar, M.D., Treasurer of the Association, at Philadelphia. Its sale is not confined to the membership, as has been erroneously supposed by many. The Association meets first Tuesday in May next, at Louisville, Ky., and so near, that we hope large numbers of readers will take this opportunity of attending. At some not very distant time we will recur to this treasure of knowledge and make some kind of gleanings for the readers of the *Journal;* meantime we advise every one to take steps to procure a copy for himself.

WILSON'S HUMAN ANATOMY. A new and improved edition, from an enlarged London edition. Edited by WM. H. GOBRECHT, M.D., Professor of Anatomy in the Philadelphia College of Medicine, etc. With three hundred and ninety-seven illustrations on wood. Philadelphia: Blanchard & Lea. 1858.

All that is necessary in noticing another edition of this favorite work of students of anatomy is to say that it is improved. It has been more generally employed in teaching and studying

anatomy than any other book since our recollection of and participation in them.

Dr. Gobrecht has performed his duty well, and will receive the thanks of his readers.

We think that it will be some time before Wilson's Anatomy will be crowded out of dissecting rooms.

DISEASES OF THE URINARY ORGANS. A complete compendium of their diagnosis, pathology and treatment. By WILLIAM WALLACE MORLAND, M.D., Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement; one of the Attending Surgeons at the Central Office at the Boston Dispensary. With Illustrations. Philadelphia: Blanchard & Lea. 1858.

Dr. Morland informs us that this book is mainly composed of the substance of two prize essays presented to the Boylston Medical Committee. It is as it purports to be, a digest of urinary pathology. The pathology and therapeutics of the urinary organs, commencing with the supra-renal capsules above and ending with the urethra, are fairly represented; and we have no doubt it is as useful a book on the subject as the American practitioner can avail himself of. Its convenient yet ample size enables the author to present an inviting volume to the medical public.

Diabetes and other diseases that do not originate in or immediately affect the urinary organs are very properly left out; as also gonorrhœa, chancre, and specific diseases generally. The illustrations are a valuable addition to the rest of the contents in enabling us to judge of the pathological anatomy and morbid products of these organs.

We are indebted to the author, Professor J. Aitkin Meigs, M.D., for "Hints to Craniographers upon the importance and feasibility of establishing some uniform system, by which the collection and promulgation of Craniological Statistics and the exchange of duplicate Crania may be promoted." It is extracted from the Proceedings of the Academy of Natural Sciences of Philadelphia, of which he is the librarian. The subject of ethnology is becoming a very interesting one, and Dr. Meigs is an able and enthusiastic cultivator of the rich field of research which it affords.

"A Summary of the Transactions of the College of Physicians of Philadelphia" is issued in pamphlet form, and contains much very interesting and profitable matter. It contains an abstract of some of the choicest productions and inventions of the able members of that body. Its contributors are such men as Hays A. Hewson, Keating, Stille, Reuschenberger, Corson, Neill, Coates, Henry Bond, etc., who never spend their time in trifles. We may at some future time make extracts or other notice of the contents.

We have received the "Transactions of the Indiana State Medical Society, at its ninth annual session, held in the city of Indianapolis, in May, 1858." They contain several condensed yet valuable papers from the enterprising cultivators of medicine in the State of Indiana. Among them are reports from Dr. Elliott, of Indianapolis, on Chronic Diseases of the Brain; on Microscopy, by Dr. Hutchinson, of Mooresville; and Dr. Calvin West, of Hagerstown, on the same subject; and one on the Uses and Abuse of Mercury, by Dr. N. Knepplar, of Indianapolis. There are also reports of many cases which will be found quite interesting and worthy of careful perusal. We are glad to see that this intelligent assembly of medical men are paying attention to the subject of medical education, and we confidently expect from Drs. W. R. Smith, Newland, Fry and Fishback, the committee, a report next year that will be worthy of so noble and important a subject.

We are also in possession, from the authors of the "Introductory Addresses," one delivered before the medical class of the medical department of the Nashville University, by J. Berrien Lindsley, M.D., Chancellor of the University on Medical Colleges; one by J. W. Benson, M.D., Professor of Anatomy in the medical department of the University of Louisville; and one by J. W. Freer, M.D., Professor of Anatomy in Rush Medical College. They are all respectable productions, and must have been highly entertaining to the classes before which they were delivered.

Professor John H. Rauch, President of the Iowa State Medical Society, has placed upon our table the "Constitution, By-Laws and Code of Ethics of that Institution, with the Transactions of the years 1857 and 1858." It contains the address of Dr. John Liveter, retiring President, which is recommended by the two excellent qualities, brevity and sound sense. There are no other original papers, which we hope will not be said of next year's Transactions.

We have also received an elaborate and practical inaugural dissertation on Strychnia, presented to the faculty of McGill Medical College, Montreal, Canada, prior to receiving the degree of Doctor of Medicine and Surgery, by Alexander P. Reid. This thesis was adjudged worthy of publication by the faculty—which, by the way, we should be glad all thesis were. It certainly manifests a great deal of industry and scientific attainments in its author, and promise for him a useful if not brilliant future.

THE ILLINOIS TEACHER, organ of the State Association. We have received the December No. of this valuable educational journal. It is quite equal to any of its excellent predecessors. Mr. N. Bateman, its accomplished and untiring editor, has done battle worthy of the all-important cause in which he has been engaged. He takes a manly and independent leave of his numerous readers and editorial confreres. The approaching session of the Teachers' Association on December 28th will have selected his successor before this paragraph meets the eye of our readers. We hope their choice will be marked by the wisdom which prompted them when they selected Mr. Bateman. Meantime we cannot refrain from wishing them and their ex-editor God-speed, and advise all who feel interested in the cause of education to encourage it by subscribing for this able periodical. It is published at Jacksonville, Illinois, at the extremely low rate of one dollar a year in advance. Now is the time to subscribe to begin with the forthcoming volume.

ABSTRACTS AND ITEMS.

PREPARED BY THE JUNIOR EDITOR.

BURNS.

Two parts of collodion and one of castor oil make an excellent mixture for burns. The mixture should be spread on with a camel's hair pencil. It forms a cuticle that protects the parts from the air and other irritants, and is perfectly painless. It may be allowed to remain until suppuration begins, when a poultice of light bread and water will remove it. The healthy granulating surface may be dressed with simple means, and readily heals. Should cracks occur in this artificial cuticle, a little more of the article will close them up. Two coats put on the first and second day will answer the purpose.

NEURALGIA.

Prof. Crawcona, of New Orleans, in the *Hospital Gazette*, recommends subcutaneous injection of solution of morphia as a remedy for obstinate neuralgia. Quarter grain of sul. morph. dissolved in ten drops of water, by means of a fine syringe injected under the skin, in the neighborhood of the part affected, repeated once or twice in twenty-four hours.

PUERPERAL CONVULSIONS.

Venesections, cathartics with castor oil, cold to the head, chloroform and delivery, are the tested and attested remedies for this dreadful complication of labor.

SALINE TREATMENT FOR DYSENTERY.

First give a cathartic dose of sul. magnesia, and follow with a solution of one ounce of the sulphate to six ounces of water, in teaspoonful doses, every two hours. It will be necessary to lengthen out the time of giving the solution to three, four or six hours, or twice a day, as the cure proceeds, to prevent too frequent movement of the bowels. This simple treatment in uncomplicated cases, begun early, is often sufficient to effect a complete cure.

SORE NIPPLES.

Two parts of collodion and one of castor oil make an excellent artificial cuticle for cracked nipples. One part of prepared chalk to two parts of rosin and simple cerate make an excellent ointment for them. One drachm of tannin to an ounce of glycerine will often have a good effect upon them. In chronic cases, a single application of a wash of sixty grains of crystalized nitrate of silver to half an ounce of pure water will often dispose them to heal. The application should not be repeated in less than four days, if it should become necessary to repeat at all.

APOCYNUM CANNABINUM FOR AGUE.

Dr. Trent, in the *Southern Medical and Surgical Journal*, recommends the following formula as an excellent remedy for chills:

℞ Apocynum cannabinum, ʒj.
Olei mg. pip., guttæ xvi.
Syrup, q. s.

Mix, ft. pil. No. xii. One to be taken every two hours in time to take four before the expected paroxysm, and thus repeated until they cease to return. The twelve are generally enough. It is well to precede them with an anti-bilious cathartic, but is not always necessary. He details several cases cured in this way.

TETANUS (TRAUMATIC).

Dr. G. A. Jones, of Texas, reports a case in the *Nashville Journal* of this formidable disease cured by a mixture of chloroform and sul. ether; at least, we think they were the essential means used. He administered the mixture by inhalation, so as to keep his patient relapsed below the point of spasmodic action for eight days. The convulsions gradually diminished after the third day until on the eighth they entirely disappeared. His other treatment consisted of sinapisms to spine, calomel and compound extract of colocynth as cathartic second day, injections, castor oil to keep bowels soluble. Towards the close, nourishment and tonics were used. The patient was anestheticated at the approach of every paroxysm of convulsions without either regard to quantity or frequency of application of the means.

ASCARIDES.

Dr. Schultz recommends a clyster formed of argenti nitras grs. x. to xv., aqua distil. ℥iv., to be used for ascarides. It may be repeated every day until it succeeds.

INFANTILE CONVULSIONS.

Prof. Simpson uses chloroform very freely in infantile convulsions.

ALBUMINURIA.

Dr. C. Lees, in the Dublin *Hospital Gazette*, recommends a persevering treatment of albuminuria, with iron and occasional cathartic of jalap, a vapor bath once a week and flannel next the skin. He records a case cured. The treatment should be continued for several months.

PEDICULUS PUBIS.

Use a lotion of bi-chloride of mercury twelve grains, alcohol and distilled water each two ounces (or whisky four ounces).—Dr. Ryding, *Lancet*.

ASH TEA AS A REMEDY FOR THE BITE OF A RATTLESNAKE.

A correspondent of the Nashville *Journal of Medicine and Surgery* affirms that a tea prepared from the bark of ash is a reliable remedy for the bite of the rattlesnake. He does not give the variety of the ash tree used, nor very definite directions as to its preparation. His treatment, however, is the administration of "about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water, and boiling down to a pint." About half a gill is to be taken every twenty minutes.

RIGID OS UTERI.

Tartar emetic in one-eighth of a grain doses every hour will often relax an obstinately rigid os uteri in a much shorter time than it would naturally yield. Look out for all obliquities in cases where the os is a long time dilating, particularly in multipara.

COLLODION IN HERPES ZONA.

Prof. Fenger has of late been treating this troublesome affection advantageously by collodion, smearing it, by means of a pencil, over the whole of the vesicles, their bases and circumference, or wherever there is redness. It should be applied as early as possible, and three layers in thickness, renewing it next day. He finds the addition of castor oil to the collodion an improvement; but especially prefers the solution of cotton wool in acetic ether.—*Schmidt's Jahrb.: Med. Times and Gazette.*

ERUPTION ON EDGE OF EYELID.

℞ Hyd. precpt. rub.,
Ung. simp., aa. pt. 1.

Pulverize thoroughly the first article and mix intimately with the latter. Apply at bedtime to the affected parts, being careful not to touch the conjunctiva; or touch each pustule with strong tincture of iodine. When this last is used, the lids should be everted so as not to touch the eye. Or with a pointed stick of nitras argenti touch each pustule separately; or touch the edges of the lid all along the affected part with sul. cupri. Before making any of these applications, the scabs and scales of cuticle should be carefully removed by tepid water, a fine probe or tooth pick.

EDITORIAL.

PRELIMINARY EDUCATION AND MEDICAL COLLEGES.

In a recent number of the *Journal*, we copied a part of the published proceedings of the Board of Regents of the University of Michigan, in relation to the adoption of a standard of preliminary education to be required for admission into the medical department of that university. It appeared that the adoption of the proposed standard was actively opposed and defeated by two members of the medical faculty. This opposition to a very important measure, from men who hold salaried professorships

in a state institution richly endowed, and one of whom had, for several years, industriously spread the impression that the exaction of a high standard of preliminary requirements constituted one of the chief merits of the institution, took many, even of their own friends, by surprise.

Some of the medical periodicals also noticed the action of the professors with decided disapprobation. This called forth from the gentlemen concerned, Professors Palmer and Sager, a letter in defence of their action, which was published in the *American Medical Gazette*. In this letter they seek to justify themselves by raising three leading objections to the proposed standard of requirements, as follows:

First. It requires each student, before admission to the medical department, to possess a certain amount of knowledge concerning the Greek and Latin languages. This, the learned professors seemed to think, was, at this age of the world, unnecessary.

Second. The possession of the proposed amount of preliminary education was to be ascertained, and certified to, by competent persons *not connected* with the *medical* department of the university.

This objection is certainly a singular one to emanate from members of the medical faculty. Inasmuch as the provision objected to relieves them entirely from the loss of time which a preliminary examination would require, and also from the responsibility of making it, one would suppose that it was shaped designedly for their satisfaction. And yet Professors Palmer and Sager really urge this as the chief ground of objection; not, however, because they seem to entertain any fear that other parties would be careless and unfaithful in making the required examinations. On the contrary, it is plainly evident from their letter that they fear the examination conducted by those having no place in the medical department would be *faithful*, and therefore so much dreaded as to deter large numbers from coming to the school; while if it were left entirely in the hands of the medical faculty it could be made as *nominal* as the ignorance of the student might require. In other words, the letter of Professors Palmer and Sager plainly implies that the medical

department of their university would be quite willing to receive the credit abroad which a provision for exacting a high standard of preliminary education would give it, provided the examinations for determining such standard were to be conducted by the faculty alone, so as to enable them *practically* to admit whoever might apply. Comment upon such a position is unnecessary.

The *third* objection urged in the letter is, that the exaction of such a standard as was proposed would exclude a large proportion of those students who would otherwise attend, and therefore greatly diminish the number of students in the medical department of the university. To cover the selfishness of this objection, the professors become suddenly *democratic*, and gravely claim that the university being a state institution with ample pecuniary endowment, the people of the state have a right to its advantages for their intellectual culture; and, of course, the medical students of the state must have access, by right, to the medical department: therefore, any provision or standard of preliminary qualifications, which would restrict this right of access, would be unjust to the profession of the state. It requires but one or two plain questions to show the extreme absurdity of the position.

If a young man, who had never attended the primary schools sufficient to gain a competent knowledge of reading, writing, spelling, and arithmetic, should apply to Chancellor Tappen for admission to the literary department of the university, and propose to enter at once upon the course of study required for the degree of A.B., would he have a right to admission merely because the university is a *state* institution? Of course not. And pray tell us, by what process the same ignoramus can have any more *right* to admission into the *medical* department, and be put on a course of study for the dignified title of M.D.? It is undoubtedly true that the students of Michigan, whether literary or medical, have a right to admission into her university; but only on condition that they *qualify themselves* to profit by its several courses of instruction. To claim admission without such qualifications, would be as absurd as for the idle loafer to assert his right to a portion of the products of the soil without bestowing any of the labor necessary for their

production. Such are the lame and impotent objections urged by Professors Palmer and Sager against the adoption of a just and appropriate standard of preliminary education for admission into the medical department of their state. We agree with the editors of the Cincinnati *Lancet and Observer*, that the position thus assumed by those representing the only independently endowed and salaried medical school in the North-west, is unworthy of themselves and highly derogatory to the interests of the whole profession. That an improvement in the preliminary education of medical students is a *sine qua non*, as a foundation for elevating the character and usefulness of the whole profession, is apparent to every intelligent man among us. And if a faculty, possessing the pecuniary independence of that connected with the Michigan school, would cheerfully and faithfully second the proposition made by their Board of Regents on this subject, they would speedily induce efficient action in the same direction in the several state and local medical associations. This again would react upon the faculties of other schools, and we should soon have a sure basis for improvement in the whole system of medical education.

But so long as a miserable ambition to swell the *mere number* of their classes induces them to deliberately block the wheels of advancement, their influence tends strongly to paralyze the efforts of all around them. While on this subject, we would call the attention of the profession to the resolutions adopted, almost unanimously, at the first meeting of the American Medical Association, in 1847. Will not the several state and local medical societies in the North-west take them into serious consideration at their next regular meetings?

They are as follows:

"*Resolved*, That this Convention earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of natural philosophy and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance, at least, with the Latin and Greek languages as will enable

them to appreciate the technical language of medicine, and read and write prescriptions.

"*Resolved*, That this Convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to pursue his studies.

"*Resolved*, That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education."

ACKNOWLEDGMENTS.

We are much obliged to the Esculapian Society for the generous remittance received from their secretary. We shall ever take pleasure in giving publicity to such portions of their transactions as they shall see fit to send us.

As the present number commences a new volume, we hope all our friends will remember it as a favorable time to commence their subscriptions. We shall do all in our power to make the present volume decidedly more valuable than any of the preceding ones.

PRIZE ESSAYS.

At the last annual meeting of the Illinois State Medical Society, two prizes were offered; one of $50, for the best essay, without limiting the choice of subjects; and the other of $20, offered by Dr. J. M. Steele, for the best essay on the Use of Opium in Inflammatory Affections.

Competition for the latter prize is restricted to members of the profession under forty years of age. Both of these offers have been repeated for two or three years, without eliciting any efforts to secure them. We hope it will not be so this year.

Papers designed for either of these prizes should be accom-

panied by a sealed envelope, containing the name of the writer, and forwarded either to the chairman of the Committee on Prize Essays or to the permanent secretary of the society, on or before the first of May next.

N. S. DAVIS,
Permanent Secretary of the Society.

MEDICAL SOCIETY.

We clip the following from the *Moline Independent:*

At the annual meeting of the Rock Island Medical Society the following officers were elected:

President—S. C. Plummer.
Vice-President—W. A. Knox.
Recording Secretary—C. Truesdale.
Cor. Sec. and Treasurer—E. H. Bowman.
Board of Censors—P. Gregg, W. A. Knox, W. F. Cady.

Dr. Bowman, the outgoing President, delivered a valedictory address, and Dr. Plummer read an interesting essay on the subject of "Puerperal Fever." Dr. Vincent of Hampton, and Dr. Hewitt of Camden were added to the society as members. The society meets again the second Wednesday in April.

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Chicago, July, 1858. CUPPER AND LEECHER.

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Arsenious Acid.....in bulk
" .....Bottles of 100 Granules
Atropine .....in bulk
" .....Bottles of 100 Granules
Digitaline.....in bulk
" .....Bottles of 60 Granules
Morphine.....in bulk
" .....Bottles of 100 Granules
Strychnine.....in bulk
" .....Bottles of 100 Granules
Valerianate of Atropine.....in bulk
" .....Bottles of 100 Granules
Veratrine .....in bulk
" .....Bottles of 100 Granules

Granules 1-5 of a grain each.

Tartar Emetic.....in bulk
" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" ".....Bottles of 100 Granules
" Opium.....in bulk
" " .....Bottles of 100 Granules
Proto-Iodide of Mercury.....in bulk
" " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
" " " Bot. of 100 Granules

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Ext. of Ipecac, 3-50 gr. equal to ¼ grain pow .....in bulk
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" " " Bottles of 130 Dragees
" " Vallet's formula .....in bulk
" " " Bot. of 130 Dragees
Carbonate of Manganese and Iron.....in bulk
" " " Bot. of 130 Dragees
Kermes, 1-5 grain.....in bulk
" " .....Boxes of 80 Dragees
Santonine, ½ grain .....in bulk
" " .....Boxes of 40 Dragees
" " .....Boxes of 20 Dragees
Bi-Carbonate of Soda, 4 gr. each.....in bulk
" " Bottles of 130 Dragees
Magnesia and Rhuburb, 1 gr. of each...in bulk
" "Bottles of 130 Dragees

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Aloes and Myrrh, 4 grains.....in bulk
Compound Cathartic, 3 grains..... "
Aloetic, 4 grains..... "
Assafœtida, 4 grains..... "
Aloes and Assafœtida, 4 grains..... "
Dinner Pills, Lady Webster's, 3 grains.. "
Comp. Calomel, Plummer's Pills, 3 grs. "
Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
Opium et Acet. Plumb, each 1 grain.... "
Extract of Rhatany, 1 grain..... "

Dragees of 1 grain each.

Quevenne's Iron, reduced by Hydrogen.in bulk
" " " Bottles of 100 Dragees
Conicine.....in bulk
Proto Iodide of Iron..... "
" " " .....Bottles of 100 dragees
Lactate of Iron.....in bulk
" " .....Boxes of 130 Dragees
Sulphate of Quinine.....in bulk
Valerianate of Quinine..... "

Dragees of 2 grains each.

Citrate of Iron.....in bulk
" " .....Bottles of 130 Dragees
Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
Diascordium.....in bulk
" .....Bottles of 130 Dragees
Anderson's Anti-bilious and Purg. Pills.in bulk
" " " Boxes of 80 Dragees
Extract of Gentian.....in bulk
Iodine of Potassium..... "
Calcined Magnesia..... "
" " .....Boxes of 200 Dragees
Rhubarb.....in bulk
" .....Boxes of 100 Dragees
Ergot, powder coy'd with sugar as soon as pulverized.....in bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
Washed Sulphur.....in bulk
Sub-Nitrate of Bismuth..... "
" " " ...Boxes of 200 Dragees
Tartrate of Potassa and Iron.....in bulk
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" Cubebs, pure.....in bulk
" " .....Bottles of 72 Dragees
" " and Alum .....in bulk
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Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerascin,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
Euonymin,	Euonymus Americanus,	1 50
Euphorbin,	Euphorbia Corolata,	1 50
Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea,	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
Macrotin,	Macrotys Racemosa,	0 62
Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
Rhusin,	Rhus Glabrum,	1 00

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Senecin,	Senecio Gracilis,	1 50
Stillingin,	Stillingia Sylvatica,	1 25
Strychnin,	Strychnos Nux Vomica,	3 00
Trillin,	Trillium Pendulum,	1 00
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Con. Tinc.	Apocynum Andro.	$1 00
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" "	Digitalis Purp.	0 50
" "	Euonymus Amer.	0 50
" "	Eupatorium Purpu.	0 75
" "	Goesypium Herb.	1 00
" "	Rhus Glab.	0 50
" "	Scutelloria Later.	0 50
" "	Senecio Gracilis.	0 50
" "	Strychnos Nux Vomica.	1 00
" "	Xanthoxylum Frax.	0 62
Con. Comp.	Stillingia Alterative,	1 00
Xanthoxylin Pills,		0 50

		per bot.
Con. Tinc.	Gelseminum Semp. 6 oz. bot.	1 00
" "	Veratrum Viride, 4 oz. bot.	0 75
Wine Tinc.	Lobelia Infl., 6 oz. bot.	0 50

Oils.	*per oz.*
Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 50
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

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FOR THE SESSION OF 1858–59,

Will commence on Monday, the 1st of November, and continue Four Months.

The Dissecting Rooms in the College will be opened and the Clinical Lectures in the Hospital commenced on the first Tuesday of October, and will be regularly attended from that time to the end of the College Term.

FACULTY.

DANIEL BRAINARD, M. D.,
Professor of Surgery and Clinical Surgery.

JAMES V. Z. BLANEY, M. D.,
Professor of Chemistry and Pharmacy.

N. S. DAVIS, M. D.,
Prof. of Principles and Practice of Medicine and Clinical Medicine.

J. W. FREER, M. D.,
Professor of Anatomy.

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H. A. JOHNSON, M. D.,
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W. B. HERRICK, M. D.,
Emeritus Professor of Physiology and Pathology.

JOHN B. RAUCH, M. D.,
Professor of Materia Medica and Medical Jurisprudence.

EDWIN POWELL, M. D.,
Demonstrator of Anatomy.

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